

Mr. Speaker, this week H.R. 2260, the so-called Pain Relief Promotion Act will be brought to the floor of this chamber. The bill's supporters say passage will result in more humane treatment of terminally-ill patients. Tragically, they are mistaken.

This bill's passage will do two things. It will overturn Oregon's death with dignity law, and it will undermine the rights of States to establish medical standards. It also puts law enforcement agencies in the position of second-guessing one of the most difficult medical decisions faced by doctors: how to best alleviate the pain terminally-ill patients suffer, whether or not that treatment involves life-ending decision-making.

Congress is frequently put in a position of judging whether to intervene in the States' decisions. Some judgments are relatively easy to make. For example, we now have reached the point where most people are comfortable with the Federal Government protecting against racial discrimination. Such was not always the case. Many decisions, however, are very much in a gray area, which some choose, unfortunately, to use for political reasons. One such gray area, the issues that affect the end-of-life decisions, is not only difficult but personal.

In my State of Oregon we have struggled, debated, and agonized with this issue throughout the last decades. The end-of-life issue is a very complex one. With the advent of new medical technologies, it is becoming even more challenging. There are a wide range of moral and medical issues associated with end-of-life decisions, but none that require Federal interference. Yet Congress is being asked to pass legislation that would undermine a law passed and subsequently upheld not once but twice by a vote of the citizens of Oregon.

Now, our death with dignity legislation is still a work in progress, but the preliminary evidence suggests that this option may actually reduce the incidence of suicide. Rather than having a flood of people to our State to take advantage of the provisions of the law, it appears that individuals having the knowledge that they, their families, and their doctor can control this situation, gives them a sense of peace and contentment that enables many to move forward, enduring the pain and the difficulty without resorting to taking their own life. It may actually reduce the incidence of suicide.

As Americans struggle with these issues, mostly hidden from public view, it is important that we not have the personal tragedy, that agony, that frustration made more difficult by laws that ignore the range of legitimate medical choices.

There are some very serious technical problems with this legislation. It would interfere with the practice of medicine, of pharmacy, of pain management in ways that can have a profound effect on the rights that many in America take for granted. This is why a large number of medical professionals have come forward in opposition to this legislation.

This bill asks law enforcement agencies, not doctors, law enforcement agencies, to make, on a case-by-case basis, judgment as to whether a doctor intended a terminally-ill patient's death while trying to alleviate pain. Asking nonmedical personnel to determine a doctor's intent and subsequent causal connection is neither appropriate nor is it even practical. The threat of these investigations can have a chilling effect open the treatment of pain.

Now, at the same time, some medical boards can and have imposed sanctions on doctors, including in Oregon, for not treating pain aggressively enough. So here we have put physicians in an impossible situation: On one hand nonmedical activities second-guessing them and being sanctioned; on the other hand for not being aggressive enough.

Today, doctors help deal with end-of-life decisions everywhere in America; and, in some cases, I guaranty that every day in America there are the equivalent of physician-assisted suicides. In every State but Oregon people look the other way. Oregon stands out because we have at least attempted to provide a framework. If this misguided legislation were to be passed, ironically, Oregon, the only State with guidelines where we are trying to deal with it, would be subjected to extraordinary scrutiny. Elsewhere, people would continue to look the other way.

I strongly urge the defeat of this ironically termed Pain Relief Promotion Act before it undermines not only the will of the people of Oregon, but also before it damages the sanctity of the doctor-patient decision-making process and erodes quality end-of-life medical treatment.